

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

931

CERTIFICATE OF DEATH

REGISTRAR'S NO. 48

BIRTH NO.

1. PLACE OF DEATH A. COUNTY Maricopa C. CITY OR TOWN Mesa D. FULL NAME OF HOSPITAL OR INSTITUTION 849 West Main	B. LENGTH OF STAY IN THIS TOWN 16 yrs IN ARIZONA Life <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Maricopa C. CITY OR TOWN Mesa <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		
	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Eva B. (MIDDLE) Lee C. (LAST) Glenn		4. SEX Female	5. COLOR OR RACE White	
	6B. NAME OF SPOUSE Joseph H. Glenn		7. DATE OF BIRTH MONTH 10 DAY 27 YEAR 11	8. AGE (IN YEARS LAST BIRTHDAY) 42	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Nurse-Housewife
	9B. KIND OF BUSINESS OR INDUSTRY Hosp-Home		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona	11. CITIZEN OF WHAT COUNTRY? United States	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) No
14A. FATHER'S NAME James Holyoake		14B. BIRTHPLACE (STATE OR COUNTRY) Utah	15A. MOTHER'S MAIDEN NAME Ellen Reynolds		
16. INFORMANT'S SIGNATURE J.H. Glenn (Husband) ADDRESS 849 West Main Mesa, Arizona		17. DATE OF DEATH (MONTH) (DAY) (YEAR) February 25, 1954			

18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH: Adeno carcinoma left breast 2. ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. 3. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH (BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH) Cutaneous metastasis, regional node metastasis, lymphatic extension	19A. DATE OF OPERATION 2/26/54	19B. MAJOR FINDINGS OF OPERATION Adeno carcinoma left breast	INTERVAL BETWEEN ONSET AND DEATH 3 yrs
	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ALIVE ON 2-24-54 , 19 54 , AND THAT DEATH OCCURRED AT 7:32 P M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		23. DATE SIGNED 2/26/54

24. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/> 25A. DATE REC'D BY LOCAL REG. 2/26/54 25B. REGISTRAR'S SIGNATURE Donald J. Meldrum, Dep.	26. FUNERAL DIRECTOR'S SIGNATURE MELDRUM MORTUARY ADDRESS Mesa, Arizona		27. EMBALMER'S SIGNATURE R.N. Daybell CERT. NO. 228
	28. NAME OF CEMETERY OR CREMATORY Mt. View Memorial Park		29. LOCATION (CITY, TOWN, OR COUNTY) (STATE) East Mesa, Arizona
	30. SIGNATURE OF MEDICAL EXAMINER Donald J. Meldrum		31. SIGNATURE OF REGISTRAR Donald J. Meldrum
	32. SIGNATURE OF FUNERAL DIRECTOR Meldrum Mortuary		33. SIGNATURE OF EMBALMER R.N. Daybell